

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/533,565  
FILING DATE  
APPLICANT/ORG.

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEF.	IND.	DEF.	IND.	DEF.		IND.	DEF.	IND.	DEF.	IND.	DEF.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14	1						64						
15		1					65						
16		1					66						
17			1				67						
18			1				68						
19			1				69						
20			1				70						
21			1				71						
22			1				72						
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28			1				78						
29			1				79						
30			1				80						
31			1				81						
32			1				82						
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37							87						
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40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEF.	15						TOTAL DEF.						
TOTAL CLASMS	16						TOTAL CLASMS						